

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 11 PAGES
1. REQUEST NO. N00173-07-Q-0094	2. DATE ISSUED 7-12-07	3. REQUISITION/PURCHASE REQUEST NO. 53-1041-07	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington D.C. 20375-5329			6. DELIVER BY (Date) 8-23-07	
5b. FOR INFORMATION CALL: (NO COLLECT CALLS)			7. DELIVERY	
NAME Cynthia V. Offutt		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
		AREA CODE 202	NUMBER 767-3452	9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave S.W. Bldg 49
c. STREET ADDRESS			c. CITY Washington	
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC
				e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 7-23-07		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.		

11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See continuation sheets				
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
					NUMBER PERCENTAGE

NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER					
b. STREET ADDRESS			16. SIGNER		
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE
					AREA CODE
d. CITY	e. STATE	f. ZIP CODE	b. TITLE (Type or print)		NUMBER

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-07-Q-0094		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR							
All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
001	Part # SI-8614-3, SI-8614-3 Subminiature VHF/UHF Nanoceptor, includes: 649362, Cable/ Assembly/Serial 9 Pin D Connector, 1ea 906108-001 Cable Assembly, 15 pin, Micro-D, 1ea 384425-002, Cable Assembly, 9 pin, Micro-D, 1ea 905885-001, Label, Accessory Kit, SI- 8614-3, 1ea 905885-000, Label, Accessory Kit, SI-8614-3, 1ea 641761, Bag/Ziploc A-S/8 X 10 X .066 Anti- Static Non-Conductive, 1ea 651567, Connector/Circular/Plug/3 Contact Straight Receptacle Solder Cup, 1ea	2	ea				
002	Part # 8614-3/AI Accessory Items for SI-86	2	ea				
003	Part # 905886-001 Manual, SI-8614-3, NX, Install & Operate, Nanoceptor	2	ea				
004	Part # 905886-002 Manual, SI-8614-3, NX, PDF, Install & Operate, Nanoceptor	2	ea				
005	Part # 8614-3/ BW3 SI-8614-3 IF Bandwidth set 3, (10KHZ, 30, KHZ, 3.5 MHZ, 6MHZ, 12 MHZ, & 40 MHZ)	2	ea				
<p>Brand Name or Equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-1708.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@condor.nrl.navy.mil at least (5) days before closing date shown in block 10 on page 1 of this RFQ.</p>							